

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

APPROVED  
AND  
FILED

96 SEP - 1 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09561** (4)  
 1. Corporation Name  
**BEACH PLAZA APARTMENT MOTEL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 14560 GULF BLVD. MADEIRA BEACH FL 33708  
 Mailing Address: 14560 GULF BLVD. MADEIRA BEACH FL 33708

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 22. Suite, Apt. #, etc.  
 23. City & State  
 24. Zip Country

3. Date Incorporated or Qualified: 05/31/1985  
 3a. Date of Last Report: 09/18/1995  
 4. FEI Number: 59-2527843  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CULLEM, JOHN, P**  
**856 2ND AVE NORTH**  
**ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOMASELLI, SANTE	
STREET ADDRESS	ALBION 4TH LINE	
CITY - ST - ZIP	BOLTON, ONT, CANADA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOMASELLI, LILIANA	
STREET ADDRESS	ALBION 4TH LINE	
CITY - ST - ZIP	BOLTON, ONT, CANADA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAUTI, CAROL	
STREET ADDRESS	219 HANSEN RD NORTH	
CITY - ST - ZIP	BRAMPTON, ONT, CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

4000001947774  
 -09/16/95 -- 0108 Change 12 Addition  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

8/9/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sante Tomasselli Date: 8-9-96  
 SECRETARY OF STATE Daytime Phone #: 891-8996

CR2E037 (3/96)